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- This application may be filed only by or for an adult who was disabled on March 31, 2022 and did not file an application during the filing period.
- Application must be filed after March 31, 2022 and postmarked or received by the PFD Division by **March 31, 2023**.
- If you are filing for a disabled adult, attach documentation showing you are an authorized representative.
- Attach completed Licensed Health Care Provider's Certification of Disability Form to this application.

☐ MALE

☐ FEMALE

Failure to provide a valid SSN will subject this dividend to 24% backup withholding by the IRS.

MAILING ADDRESS	APT #	CITY	STATE	ZIP CODE

**STREET OR PHYSICAL ADDRESS** (REQUIRED BY LAW, NO PO BOXES, CHECK HERE ☐ IF SAME AS MAILING)

DAYTIME TELEPHONE	MESSAGE TELEPHONE	E-MAIL ADDRESS
(    )       -	(    )       -	

Shade circles like this:  Not like this: 

1. Did the applicant receive a 2021 dividend? *Answer YES even if the dividend was assigned or garnisheed. If NO, complete Question 11 on the back of this form AND attach a completed Adult Supplemental Schedule.* YES ☐ NO ☐
2. Is the applicant physically present in Alaska today? *If NO, complete Question 8 on the back of this form and attach Parts B & C of the Adult Supplemental Schedule.* YES ☐ NO ☐

**ABSENCES-** Failure to disclose reportable absences constitutes fraud.

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 3. | A. During 2021, was the applicant gone from Alaska more than 90 days total?   | YES<br><input type="radio"/> | NO<br><input type="radio"/> |
|    | <i>If YES, <b>complete Question 8</b> on the back of this form AND attach <b>Parts B &amp; C of the Adult Supplemental Schedule.</b></i>  |                              |                             |
|    | B. During 2021 was the applicant gone from Alaska more than 180 days total?   | YES<br><input type="radio"/> | NO<br><input type="radio"/> |
|    | <i>If YES, <b>complete Questions 8 through 10</b> on the back of this form AND attach <b>Parts B &amp; C of the Adult Supplemental Schedule.</b></i>  |                              |                             |
| 4. | Is the applicant a United States citizen? <i>If U.S. National non-naturalized choose NO and <b>complete Question 13.</b></i><br><i>If NO, <b>complete Questions 12 and 13</b> on the back of this form.</i>                             | YES<br><input type="radio"/> | NO<br><input type="radio"/> |
| 5. | Has the applicant been on active duty as a member of the <b>U.S. Armed Forces</b> or activated as a member of the U.S. Guard or Reserve? <i>Civilians, non-activated Alaska National Guard members and Alaska Reservists answer NO.</i> | YES<br><input type="radio"/> | NO<br><input type="radio"/> |
| 6. | Do you want to place 50% of the applicant's dividend in the Alaska 529 plan? (formerly UA College Savings Plan)   | YES<br><input type="radio"/> | NO<br><input type="radio"/> |
| 7. | A. Do you want your dividend deposited directly into your bank account? <i>If YES, deposit into:</i>  | YES<br><input type="radio"/> | NO<br><input type="radio"/> |
|    | B. <input type="radio"/> Same account as last year <b>OR</b>  |                              |                             |
|    | C. <input type="radio"/> New account listed below   |                              |                             |

<b>Financial Institution Name</b> <input type="text"/>  <b>Financial Institution Routing Number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Account Type (Select one)</b>  <input type="radio"/> Checking <input type="radio"/> Savings
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Account Number

<b>List one adult <u>Alaska</u> resident who can verify the adult's residency</b>	
Full Name	
Mailing Address	
City, State, Zip Code	Daytime Phone #

**Read the Following Statements and Sign Below**

NOTE: "Date of application" means the date on which an application for a dividend is timely filed or delivered per 15 AAC 23.993 (b)(1) & (2).

**I certify that on the date of application, the adult named on this application:**

- Is now and intends to remain an Alaska resident indefinitely.
- Has not claimed residency in another state, territory, or country.
- Was an Alaska resident for all of 2021.
- Was physically present in the state of Alaska for at least 72 consecutive hours in 2020 or 2021.

**I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:**

- I will lose this and all future dividends.
- I will be required to pay back all dividends I have been paid.

**I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:**

- I could lose this dividend and my next five dividends.
- I may have to pay a fine of up to \$3,000.

**Release of Information:** I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify the applicant's eligibility for the Permanent Fund Dividend including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, and the Alaska DHSS, Division of Public Assistance and Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

**I certify that the information I am supplying on and with this form is true and correct.**

Your Signature	Date
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By submitting this application with or without signature the applicant is consenting to registration with the U.S. Selective Service System, if so required by law.

**Voluntary Veteran's Information can be provided on the back of this form.**

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[www.pfd.alaska.gov](http://www.pfd.alaska.gov)  
Confidential

# Read Each Question Carefully.

Answer Question 8 if you answered NO to Question 2 or YES to Questions 3A or 3B.

8. If the applicant left before January 1, 2021, enter the date the applicant actually departed. List all dates the applicant was absent from Alaska in 2021 through the date of this application. If the applicant is still absent, leave the end date blank. For each type of absence, write the absence reason code in the space provided and list the dates on separate lines. All absence codes are detailed below. If the applicant had more absences than the number of lines provided below, list on an attachment.

Code (A-R)	Absence Begin Date Month - Day -	Absence End Date Year	Why was the applicant absent?


## Absence Codes

- Accompanied an **eligible Alaska resident** as the resident's spouse or disabled dependent. Complete Question 11.
- Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). *Download the Education Verification form at [www.pfd.alaska.gov](http://www.pfd.alaska.gov). See Q for secondary education.*
- Served as a member of the U.S. Armed Forces. Attach a copy of the applicant's orders.
- Received continuous medical treatment under a physician's care. *Download the Medical Treatment Verification form at [www.pfd.alaska.gov](http://www.pfd.alaska.gov).*
- Served as a member of Alaska's congressional delegation or staff.
- Served as a volunteer in the federal Peace Corps program. Attach proof.
- Trained or competed as a member of the U.S. Olympic team. Attach proof.
- As a requirement of employment by the State of Alaska.
- Other reasons, including business or vacation. Attach explanation.
- Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.
- Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.
- Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.
- Provided care for a terminally ill family member. *Download the Physician's Statement for Terminally Ill Care form at [www.pfd.alaska.gov](http://www.pfd.alaska.gov).*
- Employed aboard a vessel of the U.S. Merchant Marine.
- Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). *Download the Education Verification form at [www.pfd.alaska.gov](http://www.pfd.alaska.gov). See B for postsecondary education.*
- Participated for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. Attach Proof.
- Permanently relocated outside Alaska.

## Answer Questions 9 and 10 if you answered YES to 3B.

9. Has the applicant ever lived in Alaska as a resident for at least 180 days? If YES, list the dates of that most recent period before the first absence listed in Question 8. YES ☐ NO ☐

From (Month-Day-Year)	Through (Month-Day-Year)

10. Was the applicant in Alaska for at least 72 consecutive hours during 2020 or 2021? YES ☐ NO ☐  
If YES, when was the applicant most recently in Alaska?  
☐ 2020 ☐ 2021 *Attach documentation showing the applicant was in Alaska.*

## Answer Question 11 if you answered NO to Question 1.

11. If married, provide spouse information. Your spouse must file a separate application if applying.

First Name	M.I.	Last Name
Spouse's Social Security Number		
Spouse's Date of Birth (Month-Day-Year)		

## Answer Questions 12 & 13 if you answered NO to Question 4.

12. What is your alien registration number and PRC expiration?

A-	EXPIRATION DATE (mm/dd/yyyy)

13. What was your legal immigration status on December 31, 2020?

☐ Resident
 ☐ Asylee
 ☐ COFA
 ☐ Refugee
 ☐ U.S. National (non-naturalized)
 ☐ Visa

VISA TYPE	EXPIRATION DATE (mm/dd/yyyy)

If this is the first time you are applying for a dividend, attach a copy of the front and back of your visa or alien registration card.

## Veterans Information

Note: Providing this information is voluntary. By participating in this program we will release your name, address, branch and dates of service to the Dept. of Military and Veterans Affairs, who will release it to veterans service organizations. These organizations are not required to keep your information confidential.

Service branch? Army ☐ Air Force ☐ Coast Guard ☐ Marines ☐  
Alaska Territorial Guard ☐ Navy ☐  
Dates of service? \_\_\_\_\_